LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L020000026020

Midport Port St. Lucie CVS, L.L.C.



FILED Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90237 040 ****50.00

				74666116		
	DO NOT WRIT	E IN THIS	SPACE			
<u> </u>		3. Mailing Address Same				
Suite, Apr. #, etc. Legal Department		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Woonsocket		City & State		4. FEI Number 38-3666792	FEI Number 38-3666792 Applied For Not Applicabl	
Zip RI	Country USA	Zip	Country	Certificate of Status Desired Name and Address of Current R	\$5.00 Additional Fee Required	
			Name CT C		egistered Agent	
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)		
	IN THIS S		Olled! Modiesa	Tries point annount is that wedebtable)	<u> </u>	
		8 <i>976 V</i> .A.S		n Pine Island Road		
			· ^{City} Plantat	ion	FL Zip Code 33324	
SIGNATURE	Signature, typed or printed name of registered age	nt and utto if applicable.	CPT 10 423 611		DATE	
		Make Check Pa	FEE IS \$50:00 yable to Florida Departm DUE BY MAY 1	ent of State		
9.	MANAGING MEMI	BERS/MANAGERS				
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	One CVS Drive Woonsocket RI 02895		TITLE NAME STREET ADDRESS CITY ST-72P			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CUTY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP	E ET ADDRESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CUTY-ST-ZZP	IN THIS S	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			HISLE NAME STREET ADDRESS CITY-ST-7IP			
TITLE NAME Street address City-St-Zip			TITLE NAME STREET ADDRESS CUTY-ST-ZPP			

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Melanie K. Luker, Auth. Rep.

4-15-03

401-770-3565

ANAGING MEMBER, NANAGER, OR AUTHORIZED REPRESENTATIVE

Daytima Phone #